

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000009998

**FILED  
Mar 27, 2024  
Secretary of State  
5183225294CC**

**Entity Name:** 11015-11017 SW 219 STREET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5301 BLUE LAGOON DRIVE,SUITE 180  
MIAMI, FL 33126

**Current Mailing Address:**

5301 BLUE LAGOON DRIVE,SUITE 180  
MIAMI, FL 33126 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHRAIBI, SALIM  
5301 BLUE LAGOON DRIVE,SUITE 180  
MIAMI, FL 33126 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CHRAIBI, SALIM  
Address 5301 BLUE LAGOON DRIVE,SUITE 180  
City-State-Zip: MIAMI FL 33126

Title VPD  
Name CARLIN, BAZAN  
Address 5301 BLUE LAGOON DRIVE,SUITE 180  
City-State-Zip: MIAMI FL 33126

Title DTS  
Name CHRAIBI, KAMIL  
Address 5301 BLUE LAGOON DRIVE,SUITE 180  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRAIBI SALIM**

**PRESIDENT**

**03/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date